
Durable Medical Equipment

~~7505.4.209 Durable Medical Equipment (DME) (04/01/1999, 98-11F)~~4.209.1 Definitions

“Durable Medical Equipment” (DME) ~~means~~ is equipment and appliances that ~~will arrest, alleviate or retard a medical condition and is:~~

- ~~(a) Are~~ primarily and customarily used to serve a medical purpose,
- ~~(b)(a) lasting and able to withstand repeated use,~~
- ~~(e)(b) Are~~ generally not useful to an individual person in the absence of disability, illness, or injury ~~or disability,~~
- ~~and~~
- ~~(c) suitable for use in the home~~ Can withstand repeated use, and
- ~~(d) Can be reusable or removable.~~

This definition is ~~consistent in accordance~~ with the federal Medicaid definition of equipment and appliances found at 42 CFR§440.70(b)(3)(ii).

~~(04/01/1999, 98-11F)~~

~~Coverage for durable medical equipment is provided for beneficiaries of any age.~~

~~7505.24.209.2 Covered Services (04/01/1999, 98-11F)~~

- (a) Vermont Medicaid publishes and maintains a list of pre-approved items of DME. Items of DME that are not pre-approved are subject to prior authorization review.

~~Items of durable medical equipment that have been pre-approved for coverage are limited to:~~

- ~~• alternating pressure pumps and mattresses, gel and egg crate mattresses, and decubitus care~~
- ~~• pads;~~
- ~~• ambulatory uterine monitoring devices;~~
- ~~• apnea monitors and related supplies and services;~~
- ~~• bathtub chairs and seats, including shower chairs and transfer benches;~~
- ~~• beds (hospital frame and mattress) and bed accessories for severe medical conditions, e.g. cardiac disease, chronic obstructive lung disease, spinal cord injuries including quadriplegia,~~
~~(Note: Craftomatic beds, oscillating/lounge beds, bed boards, ordinary mattresses, beds larger than single occupancy, tables and other bed accessories are not covered.);~~
- ~~• biosteogenic stimulators;~~
- ~~• blood glucose monitors;~~
- ~~• blood pressure cuffs/machines (including stethoscopes) when prescribed for patients who require frequent monitoring for a specific disease and when used as an alternative to home health nursing visits;~~
- ~~• rental of electric breast pumps and supplies for mothers of premature or critically ill newborns;~~
- ~~• canes, crutches, walkers;~~
- ~~• circulatory aids;~~
- ~~• commodes (including bed pans, urinal pans and raised toilet seats) when the beneficiary is unable to access typical bathroom facilities;~~
- ~~• continuous passive motion devices (CPM) for homebound beneficiaries who have received total knee replacements;~~

- ~~cushions and invalid rings,~~
- ~~diabetic equipment and supplies,~~
- ~~digital electronic pacemaker monitor,~~
- ~~external infusion pumps,~~
- ~~heating pads/lights,~~
- ~~lifts (hydraulic or electric, including one sling), if safe transfer between bed and a chair, wheelchair, or commode requires the assistance of more than one person,~~
- ~~oxygen systems, portable sitz baths,~~
- ~~protective helmets when the beneficiary is prone to falling (e.g. seizures, ataxia),~~
- ~~repair of durable medical equipment including parts and labor,~~
- ~~respiratory equipment, supplies and services,~~
- ~~seat lift chairs when the beneficiary is unable to achieve a standing position without assistance,~~
- ~~suction equipment,~~
- ~~stethoscopes when acquisition is less costly than an alternative covered item or service,~~
- ~~TENS/EMS units,~~
- ~~traction equipment,~~
- ~~vaporizers, and~~
- ~~wheelchairs – see rule 7506.~~

4.209.3 7505.6 Qualified Providers and Vendors:

~~(04/01/1999, 98-11F)~~

~~(a) DME providers-vendors must be licensed, registered and/or certified by the state (where appropriate) and must be enrolled with-in Vermont Medicaid.~~

~~(b) DME must be ordered by a physician who is enrolled in Vermont Medicaid and working within the scope of his or her practice.~~

~~(c) The following non-physician practitioners (NPP) may perform the face-to-face encounter as required in 4.209.4(a) of this rule:~~

~~(1) A nurse practitioner or clinical nurse specialist working in collaboration with the ordering physician, or~~

~~(2) A physician assistant under the supervision of the ordering physician.~~

~~(d) For beneficiaries requiring DME immediately after an acute or post-acute stay, the attending acute or post-acute physician may perform the face-to-face encounter.~~

7505.34.209.4 Conditions for Coverage

~~(04/01/1999, 98-11F)~~

~~(a) For the initiation of DME, the prescribing-ordering physician or NPP must conduct a face-to-face encounter with have examined the beneficiary within a reasonable time period and/or have sufficient knowledge of beneficiary's condition to prescribe, or recertify the need for DME. no more than six months prior to the start of service.~~

~~(1) The face-to-face encounter must be related to the primary reason the beneficiary requires DME.~~

~~(2) The face-to-face encounter may be conducted in person or through telemedicine.~~

~~(3) For Vermont Medicaid, the face-to-face requirement only applies to items of DME that are also subject to the face-to-face requirement under Medicare.~~

~~(4) The ordering physician must document:~~

- (A) That the face-to-face encounter is related to the primary reason the beneficiary requires DME,
- (B) That the face-to-face encounter occurred within the required timeframe,
- (C) The practitioner who conducted the encounter, and
- (D) The date of the encounter.

(5) The NPP performing the face-to-face encounter must communicate the clinical findings of that face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written or electronic document included in the beneficiary's medical record.

(b) DME is covered when it is medically necessary. ~~The medical necessity includes test is met~~ when the item is necessary to perform activities of daily living, ~~avoid bed or chair confinement.~~ When ordering DME, a physician ~~who is enrolled with Vermont Medicaid~~ must provide sufficient information to document the medical necessity of the item being prescribed.

(c) A beneficiary's need for DME must be reviewed by a physician at least annually.

(a)(d) DME may be suitable for use in any setting in which normal life activities take place. Coverage is not restricted to DME that is used in the home.

(b)(e) ~~Durable medical equipment must be suitable for use in the~~ DME shall be rented or purchased based upon the beneficiary's condition and the period of time the equipment will be required. The total cost of the rental shall not exceed the total value of the item. DVHA publishes and maintains a list of rented DME.

(e)(f) DME providers are expected to maintain adequate and continuing service ~~and~~ support for Medicaid beneficiaries.

(d)(g) ~~Payment will be made for one primary piece of equipment except if a beneficiary with an electric wheelchair needs a manual wheelchair to meet a therapeutic objective, a manual chair may also be approved with prior authorization~~ Replacement of DME will be authorized when changing circumstances or conditions are sufficient to justify replacement with an item of different size or capacity, when the useful lifetime has been reached, or when ~~convincing evidence shows that replacement is necessary and appropriate.~~ the device no longer safely addresses the medical needs of the beneficiary and can no longer be repaired.

(h) Vermont Medicaid is the owner of all purchased equipment. Such equipment shall not be resold. Serviceable DME may be recovered for reuse or recycling when the beneficiary no longer needs it. The beneficiary shall notify Vermont Medicaid when serviceable equipment is no longer needed or appropriate for the beneficiary.

(i) The conditions of coverage do not apply to items reimbursed as a component of an institutional payment.

7505.4 Prior Authorization Requirements (04/01/1999, 98-11F)

~~Many items of durable medical equipment are subject to prior authorization review but they are not specified here because they are unusually numerous and they change frequently due to product change, new product availability, and the departments need for utilization management.~~

7505.5 Non Covered Services (04/01/1999, 98-11F)

Unless authorized for coverage via rule 7104, items of durable equipment that are not covered include:

- ~~adaptive drink containers/straw holders;~~
- ~~bathroom scales;~~
- ~~car seats;~~
- ~~elevators and stair lifts;~~

- ~~exercise equipment;~~
- ~~exercise balls, weights, mats, and other equipment;~~
- ~~equipment/supplies purchased for use in an institution such as a general hospital, mental~~
- ~~hospital, psychiatric facility, nursing facility, or ICF/MR, as these costs are included in the~~
- ~~facility's reimbursement rate;~~
- ~~equipment prescribed solely for educational or vocational purposes;~~
- ~~equipment that is primarily hygienic in nature such as hand-held shower units;~~
- ~~equipment that basically serves comfort or convenience functions for the beneficiary/caregiver;~~
- ~~equipment used for environmental control or to enhance the environmental setting, e.g., air~~
- ~~filters, conditioners, room/central humidifiers, vacuums, electric air cleaners;~~
- ~~equipment and instruments intended for diagnostic purposes by health care specialists, or used~~
- ~~within a hospital, or both;~~
- ~~exercise equipment primarily for use within an institution, e.g., parallel bars;~~
- ~~equipment that is precautionary in nature (e.g., medical alert bracelets, response systems);~~
- ~~home modifications, including access ramps;~~
- ~~household equipment and supplies such as hypo-allergenic bedding, ramps, switches,~~
- ~~tableware, eating utensils;~~
- ~~items used for cosmetic purposes such as wigs;~~
- ~~mobile geriatric chairs;~~
- ~~personal computers and printers;~~
- ~~reachers;~~
- ~~repair of rental equipment or equipment covered under warranty;~~
- ~~rollabout chairs;~~
- ~~telephone alert systems and telephone alarms;~~
- ~~toys;~~
- ~~two-wheeled motorized vehicles; and~~
- ~~whirlpool pumps~~

7505.7 Reimbursement (04/01/1999, 98-11F)

Reimbursement for durable medical equipment is described in the Provider Manual.

The department is the owner of all purchased equipment. Such equipment may not be resold. At the discretion of the commissioner or the commissioner's designee, durable medical equipment may be recovered for reuse or recycling when the original beneficiary no longer needs it. When serviceable equipment is no longer needed or appropriate for a beneficiary, the beneficiary should notify the department and request permission to dispose of the equipment.